

## MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS

301 South Park, 4<sup>TH</sup> Floor (Delivery)  
P. O. Box 200513  
Helena MT 59620-0513  
(406) 444-5711 FAX (406) 841-2305  
E-mail: [dlibsdcarc@mt.gov](mailto:dlibsdcarc@mt.gov)  
Website address: [www.architect.mt.gov](http://www.architect.mt.gov)

## ARCHITECT APPLICATION BY CREDENTIALING

### GENERAL INFORMATION

- This application is only to be completed if you hold a valid license to practice architecture in another jurisdiction.
- Complete routine applications will be processed within 14 days
- Please review the Montana laws and rules regarding the practice of architecture in Montana on the Board [website](#).

### LICENSE REQUIREMENTS

- You must have a current National Council of Architectural Registration (NCARB), **Blue Cover Council Record** to apply for licensure by credentialing.
- You must hold a current, valid license in good standing to practice architecture in another jurisdiction.

### FEES

- Application fee: **\$180.00**
- Make check or money order payable to: **Montana Board of Architects and Landscape Architects**
- **DO NOT** send cash

### REQUIRED DOCUMENTS

- Current NCARB Record
- Verification of licensure from **all** jurisdictions currently or previously licensed

### APPLICATION PROCEDURES

- Complete routine applications will be processed for permanent licensure.
- Non-routine applications require Board review and will be scheduled for the next regularly scheduled board meeting. You may be requested to provide additional information or make a personal appearance before the board. Refer to the Board website for specific meeting dates.
- Please make sure all required documents are submitted with a complete application to the Board office. Incomplete applications cause delays in processing. Payments are to be made by check or money order.
- Please keep the board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing your application and subsequent licensure.
- You will be notified in writing of any deficient or missing items from the application file.

- Verification of Licensure must be sent directly from each jurisdiction where you currently hold, or have ever held a professional license. Make copies of the attached verification form (page 7) as needed. Some jurisdictions may charge a fee for license verification. Contact each jurisdiction board for their requirements prior to sending them this verification form.

## **ADDITIONAL INFORMATION**

The Montana Board of Architects and Landscape Architects does not issue temporary licenses. A nonresident architect may offer architectural services in this state **without compensation** upon submission of the following to the Board:

- Verification of a current NCARB certificate; and
- The Verification of Licensure for Solicitation of Business by a Non-Resident Architect form (page 6), verifying that you have a current, unrestricted architecture license issued by the state where your principal office is located.

You may contact the National Council of Architectural Registration Boards (NCARB) for any information regarding record transmittals or how to obtain a NCARB record at 202-783-6500 or at: [www.ncarb.org](http://www.ncarb.org)

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Website address: [www.architect.mt.gov](http://www.architect.mt.gov)

**Architect Application by Credentialing**

Application by Credentials - \$180.00

**Complete routine applications will be processed within 14 days**

1. FULL NAME: \_\_\_\_\_  
Last First Middle

2. OTHER NAME(S) KNOWN BY \_\_\_\_\_

3. BUSINESS NAME \_\_\_\_\_

4. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

6. PREFERRED MAILING ADDRESS ☐ Business ☐ Home

The Board's primary method of communication with licensees is email. Include your preferred email address:

7. E-MAIL \_\_\_\_\_

8. TELEPHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Home Fax

9. SOCIAL SECURITY NUMBER \_\_\_\_\_ . DATE OF BIRTH \_\_\_\_\_

10. Check One: ☐ MALE ☐ FEMALE

**11. PROFESSIONAL LICENSES:**

List all professional licenses you hold. You may attach an additional sheet if necessary. This information is simply requested for board records as part of your application.

State	License #	License Type	Issue Date	Expiration Date

**DISCIPLINARY QUESTIONS:**

Please read carefully & answer questions completely and truthfully, it may affect your licensure.

12. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

13. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

14. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

15. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

16. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

17. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. ☐ Yes ☐ No

18. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

19. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

20. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source. ☐ Yes ☐ No

21. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. ☐ Yes ☐ No

22. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. ☐ Yes ☐ No

If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18<sup>th</sup> birthday unless you were tried as an adult.

23. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. ☐ Yes ☐ No

24. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. ☐ Yes ☐ No

25. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source. ☐ Yes ☐ No

### AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Architects and Landscape Architects.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

**VERIFICATION OF LICENSURE FOR SOLICITATION OF BUSINESS BY  
A NON-RESIDENT ARCHITECT**

STATE BOARD OF: \_\_\_\_\_

I am soliciting architectural work in the State of Montana. The Montana Board of Architects and Landscape Architects requires this form to be completed by the state in which I hold a current, unrestricted license and in which my principal office is located. I authorize you to release any information in your files, favorable or otherwise, **DIRECTLY** to the Montana Board of Architects and Landscape Architects, PO Box 200513, Helena MT 59620-0513. Your immediate response is appreciated.

SIGNATURE \_\_\_\_\_ NAME: \_\_\_\_\_

Address: \_\_\_\_\_

License Number \_\_\_\_\_

**DO NOT DETACH** – This section to be completed by an official of the State Board and returned directly to the Montana Board of Architects and Landscape Architects.

State of \_\_\_\_\_ Full Name of Licensee \_\_\_\_\_

License Number: \_\_\_\_\_ Original Issue Date: \_\_\_\_\_

License is current: ☐ Yes ☐ No If no, please explain \_\_\_\_\_

Has licensee been suspended, revoked, placed on probation or otherwise disciplined? ☐ Yes ☐ No

If yes, please explain and attach documentation: \_\_\_\_\_

Has license ever been requested to appear before your Board? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Any additional comments or information: \_\_\_\_\_

**BOARD SEAL**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

State Board \_\_\_\_\_ Date: \_\_\_\_\_

## VERIFICATION OF LICENSURE

**PLEASE COMPLETE THE TOP SECTION OF THIS FORM AND MAIL IT TO EACH JURISDICTION BOARD WHERE YOU ARE NOW, OR HAVE EVER BEEN LICENSED TO PRACTICE ARCHITECTURE. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.**

I am applying for a license to practice architecture in the State of Montana and the Board of Architects and Landscape Architects requires this form to be completed by each state where I currently hold, or have ever held a license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

\_\_\_\_\_  
(Signature) Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

My License Number is: \_\_\_\_\_

**DO NOT DETACH** -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS.

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

License Number: \_\_\_\_\_ Original Issue Date: \_\_\_\_\_

Licensed by: ☐ Examination ☐ Endorsement (list state) ☐ Other (please list) \_\_\_\_\_

Is License Current? ☐ Yes ☐ No If No, Please explain: \_\_\_\_\_

Licensee Status: ☐ Active ☐ Inactive ☐ Other \_\_\_\_\_

Has the license been suspended, revoked, on probation or otherwise disciplined? ☐ Yes ☐ No

If YES, explain and attach documentation \_\_\_\_\_

Has the licensee ever been requested to appear before your Board? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

Any additional comments or information: \_\_\_\_\_

**BOARD SEAL**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

State Board \_\_\_\_\_ Date: \_\_\_\_\_